

MULTIPLE DEPENDENT CLAIM SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-070864

FILING DATE

APPLICANT(S)

		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS	
		IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									

	IND.	DEP.	IND.	DEP.	IND.
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY